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Bib Data Sheet

CONFIRMATION NO. 2784

|   |   |  |                        |                                 |                         |
|---|---|--|------------------------|---------------------------------|-------------------------|
| SERIAL NUMBER<br>10/730,080   | FILING DATE<br>12/09/2003<br><br>RULE   | CLASS<br>084   | GROUP ART UNIT<br>2837 | ATTORNEY DOCKET NO.<br>1203.074 |                         |
| <b>APPLICANTS</b><br><br>Akito Takegawa, Yachiyo City, JAPAN;<br><br><i>Sign none</i><br>** CONTINUING DATA: *****<br><br><i>Sign none</i><br>** FOREIGN APPLICATIONS ***** |   |  |                        |                                 |                         |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br>** 03/09/2004  |   |  |                        |                                 |                         |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>JMA</i> Initials | STATE OR COUNTRY<br>JAPAN  | SHEETS<br>DRAWING<br>4 | TOTAL CLAIMS<br>16              | INDEPENDENT CLAIMS<br>2 |
| <b>ADDRESS</b><br>Liniak, Berenato & White<br>Ste. 240<br>6550 Rock Spring Drive<br>Bethesda , MD<br>20817  |   |  |                        |                                 |                         |
| <b>TITLE</b><br>Reversible seat cup for percussion instrument   |   |  |                        |                                 |                         |
| FILING FEE<br>RECEIVED<br>385   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                        |                                 |                         |